

TABLE 9-1

Joint Positions for Patients with Burns

<i>Body Segment</i>	<i>Position of Usual Deformity</i>	<i>Corrected Position</i>	<i>Orthotic/Positioning Implications</i>
Neck	Flexion and rotation toward burned side	Slight neck extension; no lateral rotation; encourage sleeping in supine	Towel roll under neck, Philadelphia collar, or resilient egg-crate mattress to hold head and neck in slight extension
Shoulder	Adduction with slight internal rotation, neutral flexion	Abduction to 90 degrees, neutral rotation, and slight flexion	Foam plastic wedge or airplane abduction splint; avoid any position that would impinge on the brachial plexus
Elbow	Elbow flexion and forearm pronation	Elbow fully extended, forearm supinated	Pillows or foam plastic to position elbow and forearm on bed; elbow extensor orthosis; sling suspension
Wrist	Palmar flexion with deviation toward burn site	Extension with neutral deviation	Low-temperature plastic static splint; can use fabric splint over elastic garment or wrap
Hand and fingers	Claw hand; MCP hyperextension, PIP and DIP flexion joints; thumb adducted and flexed	MCP joints flexed; PIP and DIP joints extended; thumb in palmar opposition and slight extension	Static splint to hold fingers and joints in functional position, to preserve web spaces
Hip	Flexion, abduction, and external rotation	Neutral alignment, no rotation; hip can be abducted 10 to 15 degrees if burn includes inner thigh to prevent contact with opposite thigh and maceration of burn wound	Wedge, towel, or sheet rolls; plastic splints

Note: MCP = metacarpophalangeal joint; DIP = distal interphalangeal joint; PIP = proximal interphalangeal joint.